

# AN EXPLORATORY STUDY TO ASSESS THE KNOWLEDGE REGARDING TREATMENT AND LIFE STYLE MODIFICATION AMONG TUBERCULOSIS PATIENT AT SELECTED HOSPITAL OF MOGA, PUNJAB.

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**Abstract-** An exploratory study to assess the knowledge regarding treatment and life style modification among tuberculosis patient at selected hospital of Moga, Punjab. The purpose of the present study is to explore the knowledge regarding treatment and life style modification among tuberculosis patient in selected hospital of Moga, Punjab with the objectives to assess the knowledge regarding treatment and life style modification among tuberculosis patient, to find out relationship between knowledge and selected demographic variables. To develop and distribute an information booklet regarding treatment and life style modification. Sample consists of 200 tuberculosis patients was selected by convenient sampling technique. Research setting was done in civil hospital of Moga, Punjab. The major finding shows most of 64% tuberculosis patient had average knowledge and 9% had below average knowledge regarding treatment and life style modification of tuberculosis. In the demographic variables gender of patient, religion of patient, educational status of patient, occupational status of patient, area of residence had significant impact on the knowledge score of patients. The age (in year), marital status of patient, family monthly income (in rupees) had no significant impact on knowledge score, based on findings a information booklet was developed and distributed to the patients to increase their knowledge regarding the treatment and life style modification of tuberculosis.

**Keywords:** - Assess, Knowledge, Patient, Treatment

## INTRODUCTION

Tuberculosis is caused by mycobacterium tuberculosis that most often affect the lungs. Tuberculosis is curable and preventable. Tuberculosis is spread from person to person through the air. When people with lung tuberculosis have cough, sneeze or spit, they propel the tuberculosis germs into the air. A person needs to inhale only a few of these germs to become infected. People infected with tuberculosis bacteria have a 5–15% lifetime risk of falling ill with tuberculosis. However, persons with compromised immune systems, such as people living with human immunodeficiency virus, malnutrition or diabetes, or people who use tobacco, have a much higher risk of falling ill. When a person develops active tuberculosis disease, the symptoms may be mild for many months. This can lead to delays in seeking care, and results in transmission of the bacteria to others. People with active tuberculosis can infect 10–15 other people through close contact over the course of a year.

McIntosh James (2017) Tuberculosis is mainly two kinds of infection: latent and active. Latent tuberculosis - the bacteria remain in the body in an inactive state. They cause no symptoms and are not contagious, but they can become active. Active tuberculosis - the bacteria do cause symptoms and can be transmitted to others. About one-third of the world's population is believed to have latent Tuberculosis. There is a 10 percent chance of latent Tuberculosis becoming active, but this risk is much higher in people who have compromised immune systems that is people living with human immune deficiency virus or malnutrition, or people who smoke. Tuberculosis affects all age groups and all parts of the world. However, the disease mostly affects young adults and people living in developing countries.

World tuberculosis day is observed each year on March 24. This observance provides an opportunity to raise awareness about tuberculosis and the measures needed to find, treat, and prevent this devastating disease. In 2018, a provisional total of 9,029 tuberculosis cases were reported in the United States, a decline from the 9,094 cases reported in 2017. Worldwide, an estimated 10 million cases of Tuberculosis were reported in 2017, a decline of 1.8% from 2016. Approximately 1.57 million persons died from tuberculosis in 2017, a 3.9% decrease from 2016. The implementation of effective strategies, including expansion of tuberculosis preventive treatment, defined in the global setting as treatment for those who might be infected with tuberculosis and are at risk for progressing to tuberculosis disease, including persons living with human immunodeficiency virus infection, is necessary to reach global targets.

India has the world's highest incidence of tuberculosis, with 2.8 million cases annually, and accounts for more than a quarter of the global tuberculosis burden. India also has the largest burden of multi- drug-resistant tuberculosis among all countries, with almost 150,000 cases every year. Tuberculosis claims over 435,000 Indian lives each year, which places tuberculosis among the top ten causes of death in the country. In 2016, 2.79 million people became ill from tuberculosis, and 435,000 died from it. India has the greatest number of new cases of multi drug resistant tuberculosis, with an estimated 147,000 cases in 2016. There are more than 850,000 cases of tuberculosis each year in India that are either undetected and untreated or diagnosed and treated by private healthcare providers with potentially substandard drugs and treatment regimens.

**Purpose of the study**

The purpose of the present study is to explore the knowledge regarding treatment and life style modification among tuberculosis patient at selected hospital of Moga, Punjab.

**Assumption**

The tuberculosis patient may have some knowledge regarding treatment of and life style modification of tuberculosis.

**Research design**

For the present study non experimental (exploratory) research design was utilized to achieve the objectives of the study.

**Research setting**

The study was conducted in civil hospital of Moga, Punjab.

**Target population**

The target populations for the present study were tuberculosis patient who was attending outpatient department at selected hospital of Moga, Punjab.

**Sample size and sampling technique**

The investigator selected a sample of 200 tuberculosis patients by convenient sampling method of non probability sampling technique.

**Inclusion criteria**

1. Tuberculosis Patient who were willing to participate in this study.
2. Tuberculosis Patient who were able to understand English, Punjabi or Hindi.
3. Tuberculosis patient who were available at the time of data collection.

**Exclusion criteria**

1. Tuberculosis Patient who were not willing to participate in this study.
2. Tuberculosis Patient who were not available in the hospital at the time of data collection.

**Demographic variable**

In this study the demographic variables were age (in years), gender of patient, religion of patient, educational status of patient, occupational status of patient, marital status of patient, area of residence, family monthly income (in rupees), dietary pattern and source of information.

**Research variable**

In this study the research variable was knowledge regarding treatment and life style modification among tuberculosis patient.

**Selection and development of tool**

A structured questionnaire was prepared to assess the knowledge regarding treatment and life style modification among tuberculosis patient.

**Description of tool**

The tool will be consisting of the following parts:

Part I – the part consists of item for demographic variables such as age (in years), gender of patient, religion of patient, educational status of patient, occupational status of patient, marital status of patient, area of residence , family monthly income (in rupees), dietary pattern and source of information.

Part II – A structured questionnaire consisting of multiple choice questions to assess the knowledge regarding treatment and life style modification of tuberculosis. Each question was containing one correct response and three incorrect responses. The correct response was awarded one mark and the incorrect response was awarded zero marks.

**Criterion measures**

Level of knowledge	%	score
Good	76-100	23-30
Average	51-75	16-22
Below average	≤50	≤15

**Validity of the tool**

Content validity of the tool was confirmed by the expert's opinion regarding the relevance of items.

**Reliability of the tool**

Reliability refers to the accuracy and consistency of the measuring tool. The tool after validation was subjected to test for its reliability. Reliability of the tool was computed by using Karl Pearson's coefficient correlation, spearman's Brown prophecy formula and split half method. The reliability of tool was  $r=0.77$  and  $\sqrt{r}=\sqrt{0.77}=0.87$ . Hence it was concluded that tool was reliable.

**Data collection procedure**

Data was collected in the month of March, 2019. The sample consists of 200 subjects. The data was collected after getting permission from district tuberculosis officer civil hospital of Moga, Punjab. During study firstly the researcher had gave brief information about the need and purpose of study to the patient. The sample was selected by convenient sampling method after getting an informed consent from them. Structured interview schedule was used to collect data from patient. After collection of data the information booklet was distributed to the patient.

**ANALYSIS AND INTERPRETATION OF DATA**

The analysis of data were organized according to the objectives and presented under the following sections.

Section 1: Findings related to percentage distribution of Sample characteristics.

**SECTION -1 SAMPLE CHARACTERISTICS**

**TABLE-1**  
**Percentage distribution of sample characteristics**

		<b>N=200</b>	
<b>S.No</b>	<b>Characteristics</b>	<b>N</b>	<b>%</b>
<b>1</b>	<b>Age(in years)</b>		
a)	10-20	82	41
b)	21-30	63	32
c)	31-40	29	14
d)	41-50	26	13
<b>2</b>	<b>Gender of patient</b>		
a)	Male	123	62
b)	Female	77	38
<b>3</b>	<b>Religion of patient</b>		
a)	Sikh	75	38
b)	Hindu	43	21
c)	Muslim	17	9
d)	Christian	35	17
e)	Others	30	15
<b>4</b>	<b>Educational Status of patient</b>		
a)	Illiterate	27	14
b)	Primary	36	18
c)	Secondary	50	25
d)	Higher Secondary	48	24
e)	Graduate and Above	39	19
<b>5</b>	<b>Occupational Status of patient</b>		
a)	House wife	47	24
b)	Labour	45	22
c)	Private Job	51	26
d)	Government job	18	9
e)	Business	17	8
f)	Agriculture	22	11
<b>6</b>	<b>Marital Status of patient</b>		
a)	Married	78	39
b)	Single	54	27
c)	Divorced	35	18
d)	Widow /widower	33	16
<b>7</b>	<b>Area of Residence</b>		
a)	Rural	53	26
b)	Urban	113	57
c)	Slum Area	34	17
<b>8</b>	<b>Family Monthly Income (in rupees)</b>		
a)	≤ 5000	14	7
b)	5001-10000	77	38
c)	10001-15000	92	46
d)	≥ 15001	17	9
<b>9</b>	<b>Dietary Pattern</b>		
a)	Vegetarian	105	53
b)	Non vegetarian	95	47
<b>10</b>	<b>Source of information</b>		
a)	Mass Media	54	27
b)	Neighbors and Family Members	45	23
c)	Health Care Professionals	66	33
d)	Friends and Relatives	35	17

## SECTION II

**OBJECTIVE: 1.** To assess the knowledge regarding the treatment and life style modification of tuberculosis among tuberculosis patient.

**Table-2**

Frequency and Percentage distribution of knowledge score regarding the treatment and life style modification of tuberculosis patient.

**N-200**

<b>KNOWLEDGE SCORE</b>				
<b>Level of knowledge</b>	<b>Criteria</b>	<b>Score</b>	<b>n</b>	<b>%</b>
Good	76-100%	23-30	54	27
Average	51-75%	16-22	129	64
Below Average	≤50%	≤15	17	9

Table 2 depicts that the maximum number 129(64%) tuberculosis patients had average knowledge score followed by 54(27%) patients had good knowledge and minimum number 17(9%) patients had below average knowledge regarding the treatment and life style modification of tuberculosis. Therefore, it was concluded that the maximum patient had average knowledge regarding the treatment and life style modification of tuberculosis.

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